

PEB REFERRAL TRANSMITTAL DOCUMENT

For use of this form, see AR 635-40; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC chapter 61 and 5 USC 301
PRINCIPAL PURPOSE: Transmittal of Medical Evaluation Board and allied documents to the Physical Evaluation Board.
ROUTINE USES: Confirmation of documents submitted. Reference data to contact Soldier as required.
DISCLOSURE: Disclosure is voluntary; however, failing to provide information may delay timely processing of case.

1. TO *(Designate applicable PEB and address)*2. FROM *(MTF and address)*

3. DATE (YYYYMMDD)

4. NAME *(Last, first, middle)*

5. RANK

6. SOLDIER'S UNIT ADDRESS

7. DUTY PHONE *(List DSN)*

8. SOLDIER'S HOME ADDRESS

9. RESIDENTIAL PHONE

10. MEB DOCUMENT CHECKLIST REQUIRED BY PEB *(Updated 1 JAN 2008)***MEB DOCUMENTS** *(in this order)*

- | | | |
|---|--------------------------|---|
| a | <input type="checkbox"/> | MEB Proceedings (DA Form 3947 or appropriate Interservice/Triservice MEB) |
| b | <input type="checkbox"/> | NARSUM |
| c | <input type="checkbox"/> | Additional Medical Documents supporting NARSUM or Addendum <i>(i.e Medication Profile, Photos as appropriate)</i> , Health Record and associated clinical records |
| d | <input type="checkbox"/> | Physical Exam (DD Form 2808 & DD 2807-1) |
| e | <input type="checkbox"/> | Physical Profile (DA Form 3349) |

PERSONNEL DOCUMENTS *(in this order)*

- | | | |
|---|--------------------------|---|
| f | <input type="checkbox"/> | Physical Disability Evaluation System (PDES) Commander's Performance & Functional Statement (DA Form 7652) <i>(Include copy of MMRB, as applicable)</i> |
| g | <input type="checkbox"/> | Retirement Orders, amendments and/or revocations |
| h | <input type="checkbox"/> | Approved LOD Decision (DD Form 261/DA Form 2173) <i>(when required)</i> |
| i | <input type="checkbox"/> | OERs / NCOERs and or Developmental Counseling- Last three <i>(as applicable)</i> |
| j | <input type="checkbox"/> | ORB/ERB/PQR/ Officer /Enlisted Record Brief, Personnel Qualification Record or Equivalent |
| k | <input type="checkbox"/> | LES Leave and Earnings Statement (DFAS Form 702) |
| l | <input type="checkbox"/> | ACAP Pre-Separation Counseling Checklist (DD Form 2648) |

RC/NG Documents

- | | | |
|---|--------------------------|---|
| m | <input type="checkbox"/> | Individual Mobilization Orders to also include extension orders, if applicable |
| n | <input type="checkbox"/> | ADME/CBHCO Orders |
| o | <input type="checkbox"/> | Attachment Orders |
| p | <input type="checkbox"/> | 15/20-Year Letter |
| q | <input type="checkbox"/> | Retirement Points Statement (NGB Form 23 or ARPC Form 249-2-E) - Thru current RYE |

OTHERr ☐ Other

11. TYPED NAME OF PEBLO

12. SIGNATURE